NATIONAL HEALTH SERVICE CORPS EDUCATIONAL PROGRAM FOR CLINICAL AND COMMUNITY ISSUES IN PRIMARY CARE

DISCUSSION LEADER GUIDE

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SECTION 1 OVERVIEW

Welcome to participation in the National Health Service Corps Educational Program for Clinical and Community Issues in Primary Care. You are one of many people across the country using the program modules in short seminars with health professionals and students interested in community-based primary care.

The Discussion Leaders Challenge: The challenge for you as a discussion leader is to create a comfortable, creative learning environment in which group members can actively learn about new areas—topics that may not be emphasized in health professional education but are relevant for practices that address the needs of the underserved. You are a role model, a resource, and a facilitator. Feel free to interject your own experiences in primary care practice as appropriate or requested by the group so that they may perceive the realities of community-based health care.

Group Learning: Focused group discussion can be an effective and enjoyable method to introduce new topics and options to health professional trainees. It can provide an intellectual and social experience that encourages reflective thought and participatory problem solving. A successful discussion motivates students to pursue previously unconsidered ideas in regard to working with the medically underserved and challenges them to seek additional information about training and future career opportunities.

Facilitator-friendly Module Approach: The modules are designed to help you develop your own approach to bring students together in a productive and collaborative learning experience. This guide gives you basic assistance in leading group discussions and provides specific recommendations for using the modules.

The guide covers:

- Techniques for leading a task-oriented group in which students use each other as resources and the teacher serves as facilitator.
- Skills necessary to organize the seminar setting, establish group rapport, and guide the discussion. Particular attention is given to the use of discussion questions and the promotion of student-to-student interaction.
- Ideas for focusing the discussion and summarizing the work of the group. Strategies for effective discussions with people from different disciplines with various levels of experience are included.

The guide includes suggestions for facilitation in ad hoc groups where the participants and leader may not be familiar with each other. It suggests ice-breakers, offers tips on establishing rapport, and walks through a sample case with discussion questions to show how these materials actually work in a group.

SECTION 2 PREPARING FOR A GROUP DISCUSSION

Advance planning is essential for a successful group discussion. The leader must prepare the working environment and become thoroughly familiar with the materials. Case-based discussions also require that the leader understand the purpose of the discussion, be clear about the ground rules, and maintain a focus on accomplishing the learning objectives.

PREPARING THE WORKING ENVIRONMENT

- Organize the meeting room to promote relaxed interaction among all participants (i.e., provide comfortable seating and temperature, and a quiet environment).
- Survey the room before the students arrive and arrange the seating to suit the discussion format. For example, arrange the seats in a circle so students can see each other. Provide extra chairs in the back of the room or close by so the circle can be enlarged in case the group is larger than expected.
- If you anticipate a group larger than 20, consider enlisting another leader to allow for two groups.
- Decide how you will divide up the space into working groups. If there will be several small groups, leave enough space for them to move their chairs and separate from each other.

FAMILIARIZING YOURSELF WITH THE MATERIALS

- Know who your group is so that you can select cases appropriate for their training, background and interests.
- Review all materials carefully:
    - Be sure you are comfortable with the suggested time frame, learning objectives, overview, case study, questions, and answers.
    - Check to see if the prepared handouts or overheads are compatible with your teaching style.
    - Make revisions or substitutions, if necessary. In particular, you are encouraged to adapt the materials to the specific type of health professionals in your group and to their ethnicity and gender. Add mention of interdisciplinary teams, as appropriate.
    - Review the bibliography and consider the use of suggested readings as handouts to be distributed at the end of the discussion.
    - Prepare copies of handouts and readings, or prepare overhead transparencies.
    - Decide if you want to use audio-visual equipment.
    - Obtain flip charts, markers, and any other necessary materials.
    - Test audio-visual equipment in advance, using your own overheads or slides.

ORGANIZING THE SESSION

- Clearly understand the task at hand and how the discussion will be facilitated.
- Create an agenda[1] for the session that includes how you will greet the group, make introductions, and begin the discussion.
- Use the recommended timeline in the module to plan how you will cover all the material with smooth transitions between segments.
  A typical time line looks like this:

5 minutes	Assemble the group Get acquainted
5 minutes	Establish the ground rules[2] Explain the learning objectives
5 minutes	Provide a brief introduction Provide an overview to the case Provide key learning points
40 minutes	Read the case study and discussion questions Guide the discussion
5 minutes	Summarize the discussion Conclude the seminar

UNDERSTAND THE IMPORTANCE OF CULTURAL COMPETENCE AND SELF-AWARENESS

- It is important that the discussion leader has done some diversity work and is aware of his or her cultural filters and the potential impact they may have on a given case.
- It is also important that the discussion leader be aware of any stereotypes that they may be prone to use.
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(See Appendix for Facilitating Diversity Issues Section)

[1] See Appendix __ for sample agendas
[2] See Appendix __ for **Process for Establishing Ground Rules**

SECTION 3 BEGINNING THE DISCUSSION

After you have prepared the room and familiarized yourself with the materials, you are ready to start the session. From the outset, focus on promoting a relaxed, creative setting.

GETTING ACQUAINTED

- Greet the participants as they enter the room and introduce yourself to each of them.
- Distribute nametags to everyone and use one yourself. (Have colored markers and encourage creativity)
- Ask the participants to introduce themselves. Encourage everyone to use first names to promote informality and discourage hierarchy within the group.
- Start promptly by reintroducing yourself with some background about your clinical practice and your commitment to primary care.
- Briefly present the purpose of the seminar.
- Use an "ice breaker" activity to promote an informal and relaxed atmosphere and begin to experience some personal aspect of the topic at hand. Some of the subtopics have a recommended set of ice breaker experiences. Other, more generic examples include:
    - Telling a succinct story related to the topic of the seminar.
    - Asking each participant to give a one-word free association with the seminar topic to list on a chalkboard or paper for a warm-up discussion.
    - Distributing cards and asking participants to write one-sentence reasons for their interest in the topic. Collect the anonymous cards and read them aloud, making positive, lighthearted comments. Be mindful of your own stereotypes and cultural filters when commenting on others' reasons for interest in the topic.

DISPLAY KEY INFORMATION

Participants in free-standing seminars appreciate an outline of ground rules. It is a good idea to present these—and all key points during the seminar—visually. Write them on a chalkboard or flip chart so that they are evident to all.

GROUP LEARNING GROUND RULES

- Make it clear that you do not intend to lecture and that each person will need to participate in order to benefit from the seminar.
- Explain that the group will be learning together and that prior experience in the area to be discussed is not a prerequisite for participation.

- Ask participants to treat all contributions with respect. (Set an example by doing so yourself). Listen deeply. No side conversations.

Participants will also appreciate a visual display of the seminar agenda and learning objectives, distributed in handouts that are written on a chalkboard, shown as an overhead, or posted on a flip chart.

SECTION 4 REVIEWING THE OBJECTIVES, OVERVIEW, AND CASE STUDY

The learning objectives that precede each discussion case give everyone a clear idea of the discussion's direction, preventing participants from thinking the group leader is holding back information. When presenting the objectives, clearly explain that they are the task for this particular discussion and not the definitive fund of knowledge in a field. Ask the participants to focus on the objectives for the day, and offer to discuss related issues at another time.

LEARNING OBJECTIVES

- Read the objectives aloud or ask one or more group members to read them.
- Be sure everyone understands the objectives before moving on to the case.
- Ask if anyone has any questions or concerns about the learning objectives.

Here is a sample set of learning objectives:

- *To understand some special primary care needs of elderly people*
- *To describe the primary care provider's role in meeting the needs of the elderly*
- *To introduce the concept of a biopsychosocial history*
- *To gain introductory skills in history taking in a community setting*

OVERVIEW

- Use the overview of the case to introduce the topic and set the tone for the discussion.
- Limit the overview and initial comments to a few minutes; avoid lecturing.
- Establish your credibility by relating the material to your practice.
- Lead into the distribution of discussion materials to the entire group.

CASE STUDY

The cases in this program are designed to stimulate discussion and give a personalized, clinical, or community-oriented view of a topic; they are not puzzles to solve or tests of technical knowledge. Present the case in a non-judgmental manner by reading it aloud, giving the group a moment to consider it and moving to the discussion questions. If you notice a participant looking discomforted or confused, make a note of it, but avoid directing attention to one person. If discomfort continues or a person withdraws from discussion, try to address the problem by using brief interjections or general questions to the group.

Here is a sample seminar case:

Delia Johnson is a 69–year–old woman referred to a rural health center by a public health nurse. Mrs. Johnson, who is recently widowed, has complained of dizziness, fatigue, and forgetfulness. She is concerned that her children will pressure her to enter a nursing home. Mrs. Johnson does not want to leave her home but worries how she will manage when she can longer care for herself.

As you begin discussing the case, draw on your experience in areas where you feel comfortable working with a group. These may include clinical teaching, chairing a meeting or organizing a project. Be attentive to all group members, and try to facilitate discussion in a manner that takes full advantage of the case as a guide and catalyst for the open exchange of ideas, allowing everyone a chance to participate.

SECTION 5 USING DISCUSSION QUESTIONS

Each case includes a set of questions, but you should also be prepared to respond to student comments with follow-up questions. The leader should foster student-to-student interactions by asking one participant to respond to another's question or by asking generally for comments to a response and waiting for participants to engage each other. This technique requires patience and confidence that the group can carry brief segments without leader questioning.

CLOSED- AND OPEN-ENDED QUESTIONS

The discussion questions provided with the modules are designed to elicit facts, draw on the facilitator's experience, introduce additional information, enhance analysis, challenge existing ideas, produce hypotheses, or seek consensus. The questions are both closed- and open-ended. Your awareness of the effect of different types of questions will improve your ability to facilitate a group.

Closed-ended questions ask participants to recall background information relevant to the case and then reorganize or interpret it in a way that moves the discussion forward. They ask for explanations of relationships, for comparisons, and for analysis. Questions seeking specific facts are not recommended; they tend to divide rather than focus discussion.

Open-ended questions are designed to encourage problem-solving or development of an opinion or judgment. These questions are used to expand the discussion and invite wide involvement of participants.

A combination of closed- and open-ended questions permits the discussion to cover a wide range of factual material while promoting higher-level reasoning and problem-solving. Here are some tips:

- Clearly direct questions either to an individual or to the group. Careful direction of questions can help avoid domination by a small number of people as well as promote contributions from the majority.
- Use a combination of open- and closed-ended questions to vary the discussion and involve students with different interaction styles.
- Ask reticent participants closed-ended questions and validate responses by integrating them into the discussion.
- Use an open-ended question to encourage general discussion and promote student-to-student interchange.
- Ask members, especially in multidisciplinary groups, to draw from their personal and professional experience and validate responses at all levels of sophistication.
- Ask members learning-application questions, such as "How do you feel? What have you learned? How might you apply this learning in your practice? How could you tell if the application of this learning exercise increased your

effectiveness?"

Sample questions that would accompany the case of Mrs. Johnson, presented above, would provide the discussion leader with a framework for the seminar:

- *As a primary care provider, what are your first thoughts upon meeting Mrs. Johnson?*
- *Let's brainstorm some questions that you would want to ask at this first visit. Who wants to start? (Write questions on a chalkboard or flip chart.)*
- *What are your top priority issues? Why are they important?*
- *How would you begin taking the history?*
- *Are there issues that are directly related to Mrs. Johnson's age? Her recent loss and bereavement? Her family situation?*
- *Using your common sense, what factors are contributing to her dizziness, fatigue, and forgetfulness?*
- *Do you think the primary care provider has a role in involving the family?*
- *Could you imagine a plan for working with this patient?*

Be sure to follow up the participants' responses with appropriate closed- and open-ended questions, such as:

Closed:

- *Is this a common problem in elderly people?*
- *How does bereavement affect mental status?*
- *Why is the opinion of the family relevant?*
- *What can Mrs. Johnson anticipate about her self-sufficiency?*

Open:

- *Why do you think Mrs. Johnson came to see you?*
- *How would you test the hypothesis that Mrs. Johnson's complaints may have a psychosocial basis?*
- *Would you rather involve the family or work with Mrs. Johnson as an individual?*
- *What would you do if the patient did not return for a scheduled follow-up visit?*

Don't be surprised if people participate with different levels of involvement and enthusiasm. Try to maintain a balanced discussion that is not dominated by the leader and a few students. You can involve quieter participants by turning to one and asking, "Do you agree with that comment?" or "How would you handle this?"

SECTION 6 MAINTAINING THE FOCUS OF THE DISCUSSION

The leader must monitor the discussion's progress in relation to the time frame in order to periodically judge whether the group is pursuing a productive tangent or losing sight of the topic. It helps to refer often to the learning objectives. Prompts such as "How does that relate to Mrs. Johnson's situation?" or "Is that a problem that we see in older people?" are very useful. There is no need to bully or intimidate unruly or diversionary participants; just stick closely to the objectives and direct your questions toward people who are on track.

- Give disruptive members straightforward answers, noting that group time is limited.
- Good-natured warnings are often very effective.
- Acknowledge disruptive or provocative students and tell them that their behavior does not contribute to the group's work.

When the discussion includes controversial or emotionally charged material, the leader must have special sensitivity to the range of responses in the group and individual tolerance levels for interaction.

- Use the discussion questions to vary the intensity of interchanges and encourage dialogue within the group.
- When used judiciously, gentle, culturally sensitive humor can help a group regain equilibrium after a difficult moment and can unite people with divergent opinions.
- While group tension can generate creative responses, the leader has the responsibility to sustain momentum and to ensure that all members are treated with respect.

SECTION 7 THE ROLE-PLAY AS ALTERNATIVE TEACHING TECHNIQUE

Every discussion leader experiences groups in which the simple presentation of a case followed by well-crafted questions does not sufficiently motivate the participants to become involved in active learning. Rather than retrenching to a lecture format or resigning yourself to plodding along, try an alternative device, such as a role-play. A role-play can make the case more realistic and keep the group on track. You might even introduce the role-play at the outset, as a planned activity to focus on specific aspects of the case.

Before you use this approach, make sure you are comfortable with role-playing as a technique you would take seriously. Think of yourself as the director of the action, with the primary objective of helping the participants become uninhibited learner/actors. Let the players find their way without relinquishing your responsibility for keeping the action moving productively. Avoid complex simulations likely to be too ambitious for a brief discussion format.

Some generally accepted guidelines for using role-plays in case-based teaching are:

- Be clear about the purpose of engaging in a role-play—to learn a specific skill, understand the reactions of a patient, or experience a group reaction to a problem.
- When provided, use script or trigger dialogue that comes with the case. If none is included, you may want to make up some trigger language of your own.
- Allow players the freedom to become accustomed to their roles while encouraging them to refer to the script.
- Remember that role-plays are often hard to get started but easy to keep going. You may want to let the players do a brief run-through, discuss their reactions, and then repeat the role-play for group discussion.
- Help observers and role-players give feedback about what they thought and felt.
- Wrap up the role-play with a brief summary or concluding statement and move on to the next phase of the discussion.

If you build the role-play into the case presentation, use it immediately after reading the case. In this sample case, you could ask one group member to play Mrs. Johnson and another to be the health care provider. It would be useful to determine the type of clinician and to give that person a name (Dr. Baldwin, Nurse Practitioner Novak). Ask the players to enact the first few moments of the initial encounter, giving each an opening line such as:

Nurse Novak:	*"Good morning, Mrs. Johnson. What can I do to help you today?"*
Mrs. Johnson:	*"Hello. I haven't been feeling well lately, and I thought maybe you could give me a little something to pick me up."*

If you use the role-play to rescue a flagging session, be prepared to insert it into the context of the discussion. In a group where no one has much to say about family involvement in Mrs. Johnson's situation, a role-play between Mrs. Johnson and her daughter might serve to bring out some of the issues in family decision making, competency, and personal autonomy. As above, start the players with opening lines, and let them continue with their own lines:

Mrs. Johnson: *"Sarah, you know full well that I can take care of myself and will be able to carry on for a good many years to come."*

Sarah Johnson: *"But Mom, we're all so worried about you, especially now that you've started having dizzy spells. What do you expect us to do?"*

Afterwards, make a transition to general discussion that is indirectly related to the role-play; pose a question that pushes the students to synthesize ideas and gives you a sense of how well they are understanding the material; draw on the suggested questions that accompany the case study. An example is, "Why do you think the interactions between adult children and aging parents are so stressful?"

SECTION 8 SUMMARIZING AND CLOSING THE DISCUSSION

If you interject summary statements at regular intervals throughout the discussion, you will finish with a better understanding of how the group progressed through the materials. As the end of the seminar approaches, begin to close the discussion by asking the group, "What are the main points we discussed today? Let's list them and compare them to the learning objectives."

Ask members learning-application questions, such as "How do you feel? What have you learned? How might you apply this learning in your practice? How could you tell if the application of this learning exercise increased your effectiveness?"

Conduct a brief review, distribute any additional handouts, and suggest that students pursue the objectives on their own.

Add suggestions of your own with special attention to local resources and individuals providing services in underserved communities. Point out that the cases are representative of community primary care practice, and encourage interested participants to explore related training and career opportunities. If appropriate, tell the participants how they can contact you for further discussion of the seminar topic and careers in primary care. Close the group with your thanks, and remain in the room for informal discussion.

SECTION 9 SUGGESTED READING

1. Foley RP and Smilansky J. *Teaching Techniques: A Handbook for Health Professionals*. New York: McGraw-Hill Book Company. 1980.
This well-organized, introductory text on teaching methods appropriate for health professional education is oriented toward clinical education for medical practitioners.

2. Whitman NA and Schwenk TL. *A Handbook for Group Discussion Leaders: Alternatives to Lecturing Medical Students to Death*. Salt Lake City, Utah: University of Utah School of Medicine. 1983.
This is a step-by-step handbook for educators who are unfamiliar with any participatory educational techniques. Directions are clear, relevant, and easy to use with minimal preparation.

APPENDIX

Facilitating Diversity Issues Section

Some Do's & Don'ts for Facilitator consideration

Do...

1. Create Ground Rules for each session, which should be:
   - A framework of acceptable behavior that all participants know, understand, and personally accept
   - Short, simple, and behaviorally focused
2. Expect some resistance
   - People come to the session with a lifetime of experiences, attitudes, and values
   - Some belief systems may be contrary to yours
   - Don't take it personally
3. Put cultural competence in a larger organizational context
   - Cultural competence in organizational practice comes out of culturally competent individuals
   - Organizational practices can support culturally competent individuals
4. Help participants understand the role of socialization and its relation to health
   - We all act in ways that are influenced by our beliefs and our stereotypes
   - We have all been hurt by someone else's beliefs and stereotypes; some more often than others
   - The role of socialization is stunning to some participants once they see it
5. Understand the complexities of the issues
   - Diversity related issues in health care are complex because so many norms, traditions, rituals, and values come under scrutiny and often collide
   - Amidst all this variety, it is important to create a common organizational culture where there is enough glue in the goals, values, and expectations to hold the group together.
6. Accept that the end result of diversity in some fundamental way is about a redistribution of resources and power
   - Also known as "meeting the other person where they are"
   - An underlying resistance on the part of some is the perception that they will lose something in the transaction
   - Your job, as facilitator, is to help people see what they (and others) stand to gain or lose if the status quo remains
7. Make sure that many voices are included and heard from
   - New points of view come out of our experiences
   - Including a variety of experiences introduces new points of view
8. Expect a wide range of reactions
   - According to the perceptions of some, there are no problems; no differences

- "We all get along here." "I'm not prejudice. I treat everyone the same"
- Some may feel that differences cannot be dealt with fairly
- Some may feel ready to be cultural allies

9. Pay attention to timing
   - Participation in discussions regarding diversity and cultural competence should always be voluntary

Don't...

1. Be judgmental about human behavior
   - Most of us find it difficult to talk about our own biases and stereotypical assumptions
   - Building an accepting, safe environment where people feel comfortable voicing feelings is essential
2. Polarize the group
   - Avoid either-or discussion topics that can divide the group
   - Help the group explore other options and points of view
3. Let the session be dominated by people with axes to grind
   - Refer back to the ground rules
4. Box people into corners
   - It is important to create a climate in which everyone is treated with respect and where no one loses dignity
   - Establish and enforce ground rules
5. Allow bashing of any group, including white males
6. Engage in lip service
   - Don't try to facilitate a discussion around cultural competence and any aspect of health care if you do not believe in the concept